



## EJVES Extra Abstracts<sup>☆</sup>

### Time of Flight Magnetic Resonance Angiography: A Trap for the Unwary

L. Corfield, A. Speirs, D.J. McCormack, M. Waltham  
*Department of Vascular Surgery, Guy's and St Thomas' NHS  
Foundation Trust, Lambeth Palace Road, London SE1 7EH, UK*

**Introduction:** Magnetic resonance imaging is now frequently used to image blood vessels. This case illustrates a pitfall of this mode of imaging.

**Report:** A 6-year-old girl sustained a severe neck injury and subsequently developed a Horner's syndrome. A time-of-flight magnetic resonance scan could be interpreted by the inexperienced as showing an extensive dissection. However, a contrast-enhanced scan confirmed the presence of a localised carotid injury only.

**Discussion:** Time-of-flight magnetic resonance scanning produces flow voids which can mimic dissection, particularly in high velocity vessels such as the carotid artery. This case is a reminder that whatever imaging modality is used, correct interpretation is essential.

doi:10.1016/j.ejvs.2010.01.025

DOI of original article:10.1016/j.ejvsextra.2010.01.002

Available online 21 February 2010

### Endovascular Stent Graft Management of a Ruptured Profunda Femoris Artery Aneurysm

S. Saha<sup>a</sup>, V. Trompetas<sup>b</sup>, B. Al-Robaie<sup>b</sup>, H. Anderson<sup>a</sup>

<sup>a</sup>*Department of Radiology, Eastbourne District General Hospital,  
King's Drive, Eastbourne BN21 2UD, UK*

<sup>b</sup>*Department of Surgery, Eastbourne District General Hospital, UK*

**Introduction:** We report the first case of a ruptured profunda femoris artery (PFA) aneurysm managed successfully with an endovascular stent graft.

**Report:** An 87-year-old man presented with pain and pulsatile swelling on his thigh from a ruptured large saccular aneurysm arising from the mid PFA. The aneurysm was successfully excluded with an endovascular stent graft. The patient made a good recovery post procedure.

**Discussion:** This case demonstrates that PFA aneurysms, when ruptured, can be managed successfully by endovascular stent graft in the high risk patient.

doi:10.1016/j.ejvs.2010.01.029

DOI of original article:10.1016/j.ejvsextra.2010.01.003

Available online 4 March 2010

<sup>☆</sup> Full articles available online at [www.ejvsextra.com](http://www.ejvsextra.com)